

West Virginia Department of Health and Human Resources
Detailed Line Item Budget

General Information			
1. Grantee Name:			
2. Preparers Name and Title:			
3. Date of Preparation:		4. Period Covered:	
Boxes 5- 8 are to be completed by DHHR Personnel			
5. Grant Agreement Number:		6. Change Order Number:	
7. Original Grant Amount:		8. Revised Grant Amount:	

Complete the following worksheets based on information and procedures provided in the *Instructions for Preparing the WVDHHR Detailed Line Item Budget*.

A. Personnel:

Position	Salary/Rate	Percent of Time on Grant	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
PERSONNEL TOTAL			

B. Fringe Benefits:

Component	Base	Rate	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
FRINGE BENEFIT TOTAL			

C. Equipment :

Item	Item Cost	DHHR %	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
EQUIPMENT TOTAL			

D. Supplies:

Item	Number	Rate	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
SUPPLIES TOTAL			

E. Contractual Costs:

Name	Service	Rate	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
CONTRACTUAL COSTS TOTAL			

F. Construction:

Item	Rate	Total Cost
1.		
2.		
3.		
4.		
CONSTRUCTION TOTAL		

G. Other:

Item	Rate	Total Cost
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
OTHER TOTAL		

H. Indirect Costs:**Formula:**

Base	Rate	Indirect Costs
1.		
2.		
3.		
4.		
5.		
6.		
INDIRECT COSTS TOTAL		

BUDGET SUMMARY

When you have completed the budget worksheets, verify the totals transferred for each category to the spaces below.

Budget Category	Amount
A. Personnel	
B. Fringe Benefits	
C. Equipment	
D. Supplies	
E. Contractual Costs	
F. Construction	
G. Other	
Total Direct Costs:	

H. Indirect Costs	
Total Indirect Costs:	

Total Grant Award

The following sections are for informational purposes only.

Grantee Supplied Funds	Amount
I. Cost Sharing or Matching	
J. Other Grantee Supplied Funds (Not a requirement of the Grant award)	

Total Grantee Funds

Program Income	Amount
K. Program Income (Projected)	

Total Program Income

Grantee's Signature: _____

Date: _____

DHHR Approval Signature: _____

Date: _____